

Impartial Hearing Officer Invoice - Nonstate Employee

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

For (Activity/Appellant Name)		Date(s) of Activity	
IMPARTIAL HEARING	\$766.00		\$ 766.00
SUBTOTAL			\$ 766.00

EXPENSES

TOTAL MILES					X	\$0.425	\$
	From		To		And Return	(Miles)
	From		To		And Return	(Miles)
	ANNUAL RETAINER FEE @ \$443.00						\$
	TRAINING (MINIMUM OF 4 HOURS) @ \$23.00 X ____ Hour(s) =						\$
	TRAVEL TIME (For actual "behind the wheel" time in excess of 30 minutes) @ \$23.00 X ____ Hour(s) =						\$
	CHAIRPERSON (Coordination issues for IHOs) @ \$44.00 X ____ Hour(s) =						\$
	PARKING *						\$
	BREAKFAST @ \$8.00 maximum (depart prior to 6:00 a.m.)						\$
	LUNCH @ \$9.00 maximum (depart prior to 10:30 a.m. / return after 2:30 p.m.)						\$
	DINNER @ \$17.00 maximum (return after 7:00 p.m.)						\$
	ROOM * @ \$62.00 maximum (per night)						\$
	POSTAGE *						\$
	TELEPHONE *						\$
	OTHER * (Please Itemize)						\$
							\$
							\$
(* Please attach receipts)					SUBTOTAL		\$
					TOTAL		\$

Hearing Officer Name (Please Print)

Hearing Officer Signature

Date Signed

Please return completed form to: DVR Hearing Coordinator
PO Box 7852
Madison, WI 53707-7852

DVR-12839 (R. 07/01/2006)